FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. St. Aloysius Catholic School offers healthy meals every school day. Lunch costs \$3.80. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.75 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits
 on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price
 meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025								
Household size	Yearly	Monthly	Weekly					
1	\$27,861	\$2,322	\$536					
2	\$37,814	\$3,152	\$728					
3	\$47,767	\$3,981	\$919					
4	\$57,720	\$4,810	\$1,110					
5	\$67,673	\$5,640	\$1,302					
6	\$77,626	\$6,469	\$1,493					
7	\$87,579	\$7,299	\$1,685					
8	\$97,532	\$8,128	\$1,876					
Each additional person:	\$9,953	\$830	\$192					

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

St. Aloysius Catholic School 148 S. Enterprise Bowling Green, OH 43402 419-352-8614

- 4. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through August 31, 2024. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 5. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 6. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 7. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 8. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials.
- 9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 11. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 12. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 13. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.

If you have other questions or need help, call 419-352-8614.

Sincerely, Mrs. Puhl

2024-2025 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

2024-2023 I IXLL F												WILL ALLE						
Part 1. ALL HOUSEHOLD MEMBER Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school. School School Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.								Check if No Income									
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	Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3. NAME:									er for the								
	Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box: Homeless									-								
Part 4. TOTAL HOUSEHOLD GROS Check the box for how often it is rece								inco	ome	on t	he :	same line as t	he	pers	on	wh	o receive	es it.
Check the sex let new eller it is 1999	2. GROSS							IT V	VΔS	RF	CF	IVED						
1. NAME (List all household members with income)	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly			e, port,	Weekly	Every 2 Weeks	Twice Monthly		Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	(in freque as "v "mo	er Income clude ncy, such weekly" onthly" arterly" nually")
(Example) Jane Smith	\$200	\boxtimes				\$150)		\boxtimes			\$0					\$50 /	quarterly
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Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN) An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.																		
Sign here: XPrint name:Date:																		
Address:Phone Number:																		
Last four digits of your Social Security Number: I do not have a Social Security Number																		
Part 6. Children's ethnic and racial identities (optional)																		
Choose one ethnicity: Choose one or more (regardless of ethnicity):																		
☐ Hispanic/Latino	Shoose one enhibity.									can								
☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific Islander																		

Don't fill out this part. This is for school use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12									
Total Income:	Per: \(\square\)Week,	□Every 2 Weeks, □	Γwice A Month, ☐Month,	☐Year Household size:					
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free Rec	luced Denied Reaso	on:					
Determining/Approval Office	cial's Signature:			Date:					
Confirming Official's Signa	ature:			Date:					
Follow-up Official's Signat	ure:			Date:					
If selected for Verification,	Date Verification Notice S	Sent:Response	Date: 2 nd Notic	e Sent: Results Sent:					
Verification Result: No Ch	nange Free to Red	uced Price Free to	Paid Reduced Price t	to Free Reduced Price to Paid					

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart:

INCOME ELIGIBILITY GUIDELINES								
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